

Exhibit P

FAX COVER SHEET (This page should be returned to us with your **completed** financial analysis form)****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation

From:

Julio + Rocia Pichardo

Fax to: 1-866-709-4744

Account Number(s) [REDACTED] 9299

or mail to: **Loss Mitigation****233 Gibraltar Road Suite 600
Horsham PA 19044****ALL of the following information must be completed and returned to determine eligibility:**

- ☒ Financial Analysis Form/Information for Government Monitoring Purposes
- ☒ A signed and dated copy of the Acknowledgement/Agreement
- ☒ A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☒ Documentation confirming occupancy – a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☒ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form)
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule .
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separation Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

GMAC MORTGAGE COMPANY
LOSS MITIGATION
233 GIBRALTAR ROAD SUITE 600
HORSHAM PA, 19044

7/1/2011

TO: LOSS MITIGATION

RE: PRINCIPAL CANCELLATION PROGRAM

HARDSHIP LETTER

ENCLOSED PLEASE FIND ALL DOCUMENTS REQUESTED INCLUDING THIS HARDSHIP LETTER.

ATT: LOSS MITIGATION; AS YOU HAVE INFORMED ME OF THE PRINCIPAL CANCELLATION PROGRAM IN EFFECT AS OF THE MONTH OF JUNE, I REQUEST THAT YOU CONSIDER MY REQUEST MADE TO QUALIFY ME BY INCLUDING ME IN THIS PROGRAM, CONSIDERING MY CRITERIA OF PERMANENT DISABILITY WITH BENEFIT OF \$940.00 A MONTH.

ALTHOUGH I HAVE TRIED TO KEEP UP WITH MY RESPONSIBILITY OF PAYMENTS UP TO DATE, IT HAS BECOME CLEAR THAT I CANNOT COME UP WITH A BALLOON PAYMENT OF \$120,000.00 DOLLARS AT ANY GIVEN TIME, NOW NOR EVER.

REALISTICALLY NOW WE ARE REGISTERED IN A FOOD PROGRAM, & HAVE REQUESTED UTILITY ASSISTANCE FROM THE STATE PROGRAM TO HELP US GET THROUGH THESE TIMES. IN ADDITION WE HAVE TURN OFF NOTICE TO OUR UTILITIES. IF IT WAS NOT FOR THE ASSISTANCE PROGRAM, WE WOULD NOT HAVE MADE IT.

PLEASE NOTICE THAT NOTES CONSISTING OF A TOTAL OF \$100,000.00 WITH POWER OF DEED OF TRUST DATING TO 1991, BEFORE EXISTENCE OF GMAC LOAN, CONTAIN AN ACCRUED 9% RATE OF AN AMOUNT OF \$96,000.00 INTEREST. \$196,000.00 IS WELL OVER GMAC EXISTING LOAN AMOUNT.

THIS WAS THE REASON FOR THE TREASURY DEPARTMENT REQUESTING YOU INCLUDE ME IN THE PRINCIPAL CANCELLATION PROGRAM AT MODIFICATION MADE ABOUT A YEAR AGO.

PLEASE NOTE I HAVE TRIED TO MAKE PAYMENTS SACRIFICING MY FAMILY OF FOUR, MYSELF MY WIFE & TWO KIDS TO DO SO.

AS SEEN ON PAYMENT RECORD, IT HAS ALWAYS BEEN MY INTENTION TO MEET MY RESPONSIBILITY, BUT IT'S JUST TOO MUCH.

PLEASE CONSIDER MY SITUATION.

THANKS YOU.

JULIO PICHARDO *Julio Pichardo* 7/1/11 **ROCIO PICHARDO** *Rocio Pichardo* 7/1/11

Account Number [REDACTED] 9299

BORROWER		CO-BORROWER	
Borrower's Name <u>Rocio PICHARDO</u>		Co-Borrower's Name <u>JULIO PICHARDO</u>	
Number <u>1304</u>	Date <u>[REDACTED]</u>	Number <u>7374</u>	Date of Birth <u>[REDACTED]</u>
Home Phone Number With Area Code <u>714 447-4207</u>		Home Phone Number With Area Code <u>714 447-4207</u>	
Cell or Work Number With Area Code _____		Cell or Work Number With Area Code _____	
Email Address _____		Email Address _____	
Mailing Address <u>1201 E SUDENE AVE</u> <u>FULLERTON CA 92831</u>			
Property Address (If Same As Mailing Address, Write Same) <u>SAME</u>			
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer: _____ Amount of Offer \$ _____		Have you contacted a credit-counseling agency for help? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: <u>CONSUMER CREDIT COUNSELING</u> Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes \$ _____ <input checked="" type="checkbox"/> No Paid to: <u>OC TAX COLLECTOR BY GMAC</u>		Who pays the hazard insurance policy for your property? <u>WE DO</u> Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>INCLUDED ON GMAC PAYMENT</u>	
Number of People in the Household <u>4</u>			
Have you filed for bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy Case Number _____		Filing Date: _____	
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service	Balance	Contact Number	Loan Number
<u>ROBERTA PICHARDO</u>	<u>67,000.00</u>	<u>interest included</u>	<u>NOTE w/ POWER OF ATTORNEY</u>
<u>ANGELA MORALES</u>	<u>67,000.00</u>	<u>" "</u>	<u>" "</u>
<u>LUZ SANTANA</u>	<u>67,000.00</u>	<u>" "</u>	<u>" "</u>
<u>PLEASE DO NOT GIVE TO AGGREGATE</u>			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male

FINANCIAL ANALYSIS FORM (Continued)

Account Number 9299

INCOME/EXPENSES FOR HOUSEHOLD

1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2	Estimated Value of this property		First Mortgage Payment	
Gross Salary/Wages	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$ 260,000.00	Alimony Payment	\$ 637.94
Income Frequency:	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 15 th of 4 th & 10 th <input type="checkbox"/> Per Job	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 15 th of 4 th & 10 th <input type="checkbox"/> Per Job	Checking Account(s) Balance	\$ 0.28	Child Support Payment	\$
Gross salary/wages - total monthly income before any tax withholding or employer deductions.	Employment Start Date	Employment Start Date	Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$
	\$	\$	Life Insurance Cash Value	\$	Items/Rent	\$
Self-employed	\$	\$	IRA/Keogh Account(s) Balance	\$	Other Mortgage	SEE IMMEDIATELY 201,000.00
Overtime	\$	\$	401K/ROF Account(s) Balance	\$	Personal Loan/Student Loans	\$
Child Support Income/Alimony Income*	\$	\$	Stocks/Bonds/CDs Balance	\$	Auto Loans	\$ 120.00
Social Security/SSI	\$ 233.00	\$ 934.00	Other Investments	\$	Auto Expenses	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			Auto Insurance	\$ 58.00
Tips, commissions, and/or bonus income	\$	\$			Medical Expenses	\$
Rental income from investment property	\$	\$			Medical Insurance	\$
Rental income from room rent of primary residence	\$	\$			HOA/Condo Fees	\$
Unemployment Income					Credit Card(s) / CARD	\$ 194.00
Food Stamps/Welfare	\$	\$			Installment Loans	\$ 160.00
Other (Investment, income, royalties, interest, dividends, etc.)	\$ 233.00	\$			Food/Household Supplies	\$
					Spending Money	\$
					Utilities/Water/Sewer/Phone(s)/Cable	\$ 240.00
					Donations	\$
					Property Taxes (if not escrowed and included in your current mortgage payment)	\$
					Insurance - Hazard, wind, flood etc (if not escrowed and included in your current mortgage payment)	\$
					Other	\$
Total Income (Gross)	\$ 446	\$ 934.00	Total Assets	\$ 260,000.28	Total Debt/Expenses	\$ 1,409.94

**** ALL INCOME MUST BE DOCUMENTED ****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input checked="" type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input checked="" type="checkbox"/> Illness of Borrower	<input checked="" type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input checked="" type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a faulty repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	

☒ Other

Explanation (Required): JULIO RICHARDO'S PERMANENT DISABILITY INJURY, MR PRESS, ARTHRITIS, NECK PAIN

If additional space is needed for Explanation, please include an additional page.

Form 4506T-EZ (October 2009) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript Request may not be processed if the form is incomplete or illegible.	OMB No. 1545-2154
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Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. <u>JULIO C RICHARDO</u>	1b First social security number on tax return <u>[REDACTED] 7374</u>
2a If a joint return, enter spouse's name shown on tax return. <u>ROCIO RICHARDO</u>	2b Second social security number if joint tax return <u>[REDACTED] 4304</u>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code <u>1201 E SVIDENE AVE</u> <u>Fullerton CA 92831</u>	
4 Previous address shown on the last return filed if different from line 3 <u>WE LIVE HERE SINCE 1991</u>	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name <u>GMAC Mortgage, LLC</u>	Telephone number <u>1-800-766-4622</u>
Address (including apt., room, or suite no.), city, state, and ZIP code <u>233 Gibraltar Road Suite 600 Horsham PA 19044</u>	

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.
<u>2010</u> <u>2009</u>

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions) <u>Julio Richardo</u>	Date <u>7/1/11</u>	Telephone number of taxpayer on line 1a or 2a <u>714 447-4207</u>
	Spouse's signature <u>Rocio Richardo</u>	Date <u>7/1/11</u>	<u>714 447-4207</u>

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

PLEASE NOTE: NO FILING DONE DUE TO SOCIAL SECURITY LIMITED
DISABILITY BENEFITS (FILING NOT REQUIRED FOR SUCH)

ACKNOWLEDGEMENT AND AGREEMENT

Account Number [REDACTED] 0299

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 I/we agree that to be considered for the Making Home Affordable program all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.
- 14 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 15 ☐ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Rocio Pichardo
Borrower Signature

7/1/11
Date

Julio Pichardo
Co-Borrower Signature

7/1/11
Date



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPESM Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

1-888-995-HOPESM
HOMEOWNER'S HOPESM HOTLINE

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll free), 202-622-4559 (fax), or www.sigtarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220

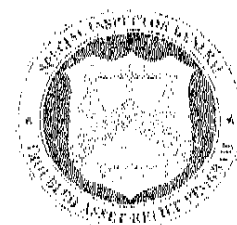


Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)

This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME _____

Account Number _____ 9299

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months	Month 1		Month 2		Month 3	
	Month	Year	Month	Year	Month	Year
Sales	\$		\$		\$	
Cost of Goods Sold	\$		\$		\$	
Gross Profit	\$		\$		\$	
Operating Expenses						
Advertising	\$		\$		\$	
Amortization	\$		\$		\$	
Auto Expenses	\$		\$		\$	
Bank Charges	\$		\$		\$	
Depreciation	\$		\$		\$	
Dues & Subscriptions	\$		\$		\$	
Employee Benefits	\$		\$		\$	
Insurance	\$		\$		\$	
Interest	\$		\$		\$	
Office Expenses	\$		\$		\$	
Payroll Taxes	\$		\$		\$	
Rent	\$		\$		\$	
Repairs & Maintenance	\$		\$		\$	
Salaries & Wages	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes & Licenses	\$		\$		\$	
Telephone	\$		\$		\$	
Utilities	\$		\$		\$	
Other	\$		\$		\$	
Total Operating Expenses	\$		\$		\$	
Net Profit Before Taxes	\$		\$		\$	
Income Taxes	\$		\$		\$	
Net Profit After Taxes	\$		\$		\$	

Exhibit B - Investment Property Schedule

BORROWER'S NAME _____

Account Number _____ 9299

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5-)	Status Circle All That Apply R - Rented V - Vacant PS - Pending Sale F - In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
7				R V PS F	\$	\$	\$	\$
8				R V PS F	\$	\$	\$	\$
9				R V PS F	\$	\$	\$	\$
10				R V PS F	\$	\$	\$	\$
Totals					\$	\$	\$	\$

*** REC 2010092 152107 H8981CE0 F0NP CIPQYA2 PQA2 (F-DOU) ***

SOCIAL SECURITY ADMINISTRATION

Date: April 2, 2010
Claim Number: [REDACTED] 7374B5

ROCIO PICHARDO
1201 E SUDENE AVE
FULLERTON CA 92831-4711

[REDACTED]

04/02/2010

[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly
Social Security benefit before any deductions is.....\$ 233.70

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 233.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.

*** REC 2010092 152114 H8981CE0 F0NP CIPQYA2 PQA2 (F-DOU) ***

SOCIAL SECURITY ADMINISTRATION

Date: April 2, 2010
Claim Number: [REDACTED] 7374C2

ROCIO PICHARDO FOR
RUTH PICHARDO
1201 EAST SUDENE AVE
FULLERTON CA 92831-4711

APR 2 2010

APR 2 2010

APR 2 2010

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly
Social Security benefit before any deductions is.....\$ 233.70

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 233.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.

12-12020-mg Doc 8676-19 Filed 06/01/15 Entered 06/01/15 17:43:47 Exhibit P to
Exhibit 2 Pg 12 of 28

*** REC 2010092 152100 H8981CE0 F0NP CIPQYA2 PQA2 (F-DOU) ***

SOCIAL SECURITY ADMINISTRATION

Date: April 2, 2010

Claim Number: [REDACTED] 7374A
[REDACTED] 7374DIJULIO RICHARDO
1201 E SUDENE
FULLERTON CA 92831-4711

RECEIVED

APR 02 2010

SMA/ELTA 100

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly
Social Security benefit before any deductions is.....\$ 934.00

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 934.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.



Bank of America



0207 P P
E0-3

**Your Bank of America
MyAccess Checking
Statement**

Statement Period:
February 17 through March 22, 2011

Account Number [REDACTED] 6381

At Your Service
Call: 714.533.4470

Written Inquiries
Bank of America
Fullerton Main Office
PO Box 37176
San Francisco, CA 94137-0176

Customer since 1989
Bank of America appreciates your
business and we enjoy serving you.

Our Online Banking service allows you to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement. Enroll at www.bankofamerica.com.

☐ **Summary of Your MyAccess Checking Account**

Beginning Balance on 02/17/11	\$.12
Total Deposits	+ 1,420.00
Total Checks, Withdrawals, Transfers, Account Fees	- 1,400.00
Ending Balance	\$20.12

Number of ATM withdrawals and transfers	0
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	0
Assisted	0

☐ **Bank of America News**

Look for information about changes to your account with this statement.

☐ **Branch/ATM Deposits**

Number	Date Posted	Amount
	03/01	\$20.00

☐ **Account Activity**

Date Posted	Description	Reference Number	Amount
Deposits and Credits			
03/03	US Treasury 303 DES:SOC SEC ID:XXXXXXXXb5 SSA INDN:Rocio Pichardo Co ID:3031036030 PPD Ref:011060007985169		\$233.00
03/03	US Treasury 303 DES:SOC SEC ID:XXXXXXXXc2 SSA INDN:Rocio Pichardo For Co ID:3031036030 PPD Pmt Info:N1*gd*rocio Pichardo For \N1*be*roth Pichardo *34*618130639\ Ref:011060007985170		233.00
03/03	US Treasury 303 DES:SOC SEC ID:XXXXXXXXa SSA INDN:Julio Pichardo Co ID:3031036030 PPD Ref:011060007985168		934.00

Continued on next page

California

Page 1 of 3

-H

Statement Period: February 17 through March 22, 2011
Account Number: [REDACTED] 6381

☐ **Account Activity** Continued

Date Posted	Description	Reference Number	Amount
	Deposits and Credits		
	Total Deposits and Credits		\$1,400.00
	Withdrawals, Transfers and Account Fees		
03/03	CA Tir cash withdrawal from Chk 6381 Banking Ctr Fullerton Metrocenter //0002084 CA Confirmation# 4918971539		\$1,400.00

☐ **Daily Balance**

Date	Amount	Date	Amount	Date	Amount
03/01	\$ 20.12				

**Bank of America**Statement Period: February 17 through March 22, 2011
Account Number: [REDACTED] 5381**How To Balance Your Bank of America Account****FIRST, start with your Account Register/Checkbook:**

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example Interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL

\$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

California

Page 3 of 3

Bank of America, N.A. Member FDIC and



Equal Housing Lender

Thank You for Choosing Bank of America

**Bank of America**0207 P P
E0-3

CD 05/26 1 0000 224 1 390 011368 #001 AV 0.340

JULIO C RICHARDO
ROCIO RICHARDO
1201 SUDENE AVE
FULLERTON CA 92831-4711**Your Bank of America
MyAccess Checking
Statement**Statement Period:
April 21 through May 19, 2011

Account Number: [REDACTED] 6381

At Your Service
Call: 714.633.4470Written Inquiries
Bank of America
Fullerton Main Office
PO Box 37176
San Francisco, CA 94137-0176Customer since 1989
Bank of America appreciates your
business and we enjoy serving you.

Our Online Banking service allows you to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement. Enroll at www.bankofamerica.com.

Summary of Your MyAccess Checking Account

Beginning Balance on 04/21/11	\$.12
Total Deposits	+ 1,400.00
Total Checks, Withdrawals, Transfers, Account Fees	- 1,400.00
Ending Balance	\$.12

Number of ATM withdrawals and transfers	1
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	0
Assisted	0

Important Information About Your Account

Get Automatic Savings Transfer and save your money the easy, flexible way. Set up yours today. Visit bankofamerica.com/onlinebanking, call 1.800.432.1000 (in CA call 1.800.622.8731) or talk to an associate at a banking center near you.

Account Activity

Date Posted	Description	Reference Number	Amount
Deposits and Credits			
05/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXb5 SSA INDN:Rocio Pichardo Co ID:3031036030 PPD Ref:011118010475808		\$233.00
05/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXc2 SSA INDN:Rocio Pichardo For Co ID:3031036030 PPD Pmt Info:N1*gd*roci Pichardo For \N1*be*ruth Pichardo *34*618130639\ Ref:011118010475809		233.00
05/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXa SSA INDN:Julio Pichardo Co ID:3031036030 PPD Ref:011118010475807		934.00
	Total Deposits and Credits		\$1,400.00

Continued on next page

California

Page 1 of 3



Statement Period: April 21 through May 19, 2011
Account Number: [REDACTED] 6381

☐ **Account Activity** Continued

Date Posted	Description	Reference Number	Amount
05/03	Withdrawals, Transfers and Account Fees CA Tlr cash withdrawal from Chk 6381 Banking Ctr Fullerton Metrocenter #0002084 CA Confirmation# 2645105749		\$1,380.00
05/10	Cash withdrawal on 05/10, Bank of America ATM #WCAD4624 (Card #325647394)	008660	20.00
	Total Withdrawals, Transfers and Account Fees		\$1,400.00

☐ **Daily Balance**

Date	Amount	Date	Amount	Date	Amount
05/03	\$ 20.12	05/10	.12		

☐ **ATM Information**

This period, you visited the following ATM locations:

Bank of America's ATM Network

- #WCAD4624 Bank Of America, Brea, CA



Bank of America



Statement Period: April 21 through May 19, 2011
Account Number: [REDACTED] 5381

H

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your **NEW ACCOUNT REGISTER BALANCE** \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

California

Page 3 of 3

Bank of America, N.A. Member FDIC and



Equal Housing Lender

Thank You for Choosing Bank of America



Bank of America



0207 P P
E0-3

CD 06/27 1 0000 430 34 270 006392 #001 AV 0.340
JULIO C PICHARDO
ROCIO PICHARDO
1201 SUDENE AVE
FULLERTON CA 92831-4711

**Your Bank of America
MyAccess Checking
Statement**

Statement Period:
May 20 through June 21, 2011

Account Number: [REDACTED] 6381

At Your Service
Call: 714.533.4470

Written Inquiries
Bank of America
Fullerton Main Office
PO Box 37176
San Francisco, CA 94137-0176

Customer since 1989
Bank of America appreciates your
business and we enjoy serving you.

Our Online Banking service allows you to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement. Enroll at www.bankofamerica.com.

☐ **Summary of Your MyAccess Checking Account**

Beginning Balance on 05/20/11	\$.12	Number of ATM withdrawals and transfers	1
Total Deposits	+ 1,400.00	Number of purchase transactions	0
Total Checks, Withdrawals, Transfers, Account Fees	- 1,400.00	Number of 24 Hour Customer Service Calls	
Ending Balance	\$.12	Self-Service	0
		Assisted	0

☐ **Account Activity**

Date Posted	Description	Reference Number	Amount
Deposits and Credits			
06/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXb5 SSA INDN:Rocio Pichardo Co ID:3031036030 PPD Ref:011151011335088		\$233.00
06/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXc2 SSA INDN:Rocio Pichardo For Co ID:3031036030 PPD Pmt Info:N1*gd*roci Pichardo For \N1*be*ruth Pichardo *34*618130639\ Ref:011151011335089		233.00
06/03	US Treasury 303 DES:Xxsoc SEC ID:XXXXXXXXa SSA INDN:Julio Pichardo Co ID:3031036030 PPD Ref:011151011335087		934.00
	Total Deposits and Credits		\$1,400.00
Withdrawals, Transfers and Account Fees			
06/03	CA Tlr cash withdrawal from Chk 6381 Banking Ctr Brea Branch #0000952 CA Confirmation# 5013990418		\$1,380.00
06/09	Cash withdrawal on 06/09, Bank of America ATM #ICAN6518 (Card #325647394)	007200	20.00
	Total Withdrawals, Transfers and Account Fees		\$1,400.00

Continued on next page

California

Page 1 of 3

Statement Period: May 20 through June 21, 2011
Account Number: [REDACTED] 6381

☐ **Daily Balance**

Date	Amount	Date	Amount	Date	Amount
06/03	\$ 20.12	06/09	.12		

☐ **ATM Information**

This period, you visited the following ATM locations:

Bank of America's ATM Network

- #ICAN6518 Bank Of America, Fullerton, CA



Bank of America



Statement Period: May 20 through June 21, 2011
Account Number: 6381

H

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$
- 3. Add any credits not previously recorded that are listed on this statement (for example Interest) \$
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$
- 2. Add any deposits not shown on this statement \$

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals \$

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$
- This balance should match your new Account Register Balance \$

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

California



FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.						
Box 1. Name JULIO RICHARDO						
Box 2. Beneficiary's Social Security Number [REDACTED] 7374						
Box 3. Benefits Paid in 2010 \$11,208.00	Box 4. Benefits Repaid to SSA in 2010 NONE					
Box 5. Net Benefit for 2010 (Box 3 minus Box 4) \$11,208.00						
<table><tr><td>DESCRIPTION OF AMOUNT IN BOX 3</td><td>DESCRIPTION OF AMOUNT IN BOX 4</td></tr><tr><td>Paid by check or direct deposit \$11,208.00</td><td rowspan="2">NONE</td></tr><tr><td>Benefits for 2010 \$11,208.00</td></tr></table>		DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4	Paid by check or direct deposit \$11,208.00	NONE	Benefits for 2010 \$11,208.00
DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4					
Paid by check or direct deposit \$11,208.00	NONE					
Benefits for 2010 \$11,208.00						
Box 6. Voluntary Federal Income Tax Withheld NONE						
Box 7. Address JULIO RICHARDO 1201 E SUDENE FULLERTON CA 92831-4711						
Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED] 7374A						

Form SSA-1099-SM (1-2011)

DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
NORTHEASTERN PROGRAM SERVICE CENTER
1 JAMAICA CENTER PLZ
JAMAICA NY 11432-8808
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

C
M13
1

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name ROCIO PICHARDO		Box 2. Beneficiary's Social Security Number [REDACTED] 804
Box 3. Benefits Paid in 2010 \$2,796.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) \$2,796.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$2,796.00 Benefits for 2010 \$2,796.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address ROCIO PICHARDO 1201 E STUDENT AVE FULLERTON CA 92831-4711
		Box 8. Claim Number (Use this number if you need to contact SSA.) 116-44-7374B5

Form SSA-1099-SM (1-2011)

DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
NORTHEASTERN PROGRAM SERVICE CENTER
1 JAMAICA CENTER PLZ
JAMAICA NY 11432-3898

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE \$300

C
M18
1

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name RUTH J PICHARDO		Box 2. Beneficiary's Social Security Number [REDACTED] 0639
Box 3. Benefits Paid in 2010 \$2,796.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) \$2,796.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$2,796.00 Benefits for 2010 \$2,796.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address ROCIO PICHARDO FOR RUTH PICHARDO 1201 EAST SUDENE AVE FULLERTON CA 92831-4711
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED] 7374C2

Form SSA-1099-SM (1-2011)

DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
 NORTHEASTERN PROGRAM SERVICE CENTER
 1 JAMAICA CENTER PLZ
 JAMAICA NY 11432-3898

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE, \$300

C
 M18
 1

PRESORTED
 FIRST-CLASS MAIL
 POSTAGE AND FEES PAID
 SOCIAL SECURITY
 ADMINISTRATION
 PERMIT NO. G-11

UTILITY SERVICES BILL



Visit
for 24 hour account access or to pay your
water bill online

Billing Date: 04/14/2011
Customer: JULIO PICHARDO
Service Address: 1201 E SUDENE AVE

Account Number: [REDACTED] 3660
Customer Number: [REDACTED] 5715

Customer Service: (714) 738-6890 City Hall - 303 W. Commonwealth Ave., Fullerton, CA 92832

Amount Overdue \$205.85

**PAY BY CREDIT CARD ONLINE AT
24 HOURS A DAY OR BY CALLING (714) 738-6890**

05/10/2011

IF YOUR SERVICE IS DISCONNECTED, IT WILL BE RESTORED ONLY AFTER THE FULL AMOUNT DUE AND RELATED CHARGES HAVE BEEN PAID. IN ADDITION, A CASH DEPOSIT MAY BE REQUIRED TO RE-ESTABLISH YOUR CREDIT IF YOUR PAYMENT IS NOT RECEIVED BY THE DATE AND TIME SHOWN ABOVE, WHETHER OR NOT SERVICE IS DISCONNECTED.

THE FOLLOWING CHARGES MUST BE PAID FOR SERVICE TO BE RESTORED:

Field Service Charge/Special Posting Notice	\$20.00
PLUS	
Reconnection on a future date	\$21.00
Or Reconnection on the date of request	\$52.00
Or After hours reconnection	\$78.00

Please return this portion with your payment and write your account information on your check.

**City of Fullerton
Utility Services Bill**

TOTAL DUE NOW:	\$205.85	DUE DATE: 5/26/11
-----------------------	-----------------	--------------------------

Account Number: [REDACTED] 3660
Customer Number: [REDACTED] 5715
Billing Date: 04/14/2011



Please make your check payable to: City of Fullerton

00005104 AUTO 5 DIGIT 92831
7000000629 01.0004.0036 629/1



JULIO PICHARDO
ROCIO PICHARDO
1201 E SUDENE AVE
FULLERTON CA 92831-4711

PAYMENT PROCESSING CTR
POST OFFICE BOX 7190
PASADENA CA 91109-7190



86600000205850 0



May 17, 2011

**PICHARDO, JULIO
1201 SUDENE AVE
FULLERTON CA 92831-4711**

Customer Account #: [REDACTED] **7716**

Thank you for calling about a payment arrangement on your account. The payment schedule you agreed to is listed below.

Your Payment Arrangement

DATE DUE	AMOUNT TO BE PAID
June 03, 2011	\$72.00
July 05, 2011	\$72.00
August 03, 2011	\$70.49
Total	<hr/> \$214.49

If you miss one of these payments, you may be disconnected without further notice. Please take the following steps to make sure your payments reach us in time:

1. Be sure to make all payments by the due date, including payment of the current charges from any new bills you receive.
2. Don't forget to allow time for your payment to be processed. If you pay at an Authorized Payment Location after 5:00PM Monday - Friday, or on a weekend, your payment will be posted the next business day. If you pay by mail, please allow 5 - 7 days for delivery and processing.
3. Contact SCE before the due date if you need to change your scheduled payment. An SCE Customer Service Representative can discuss a revised payment arrangement with you.

Reminder: A late payment charge will be applied to the total unpaid balance on your account when full payment is not received by the due date on your bill.

Your Payment Options

For your convenience, SCE offers the following payment options:

MAIL - Please note your account number on your check or money order and allow 5 - 7 days for delivery and processing. Mail your payment to:

Southern California Edison
P.O. Box 600
Rosemead, CA 91771-0001

QUICK CHECK - Call (800) 950-2358 to authorize a payment from your checking account, without writing a check. A processing fee will be charged.



IN PERSON - Present this letter at an Authorized Payment Location. For information on Authorized Payment Locations near you call (800) 747-8908 or visit our website at www.sce.com.

Helpful Programs

SCE offers the following programs that may be of interest to you:

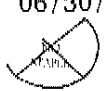
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) - Get a 20% discount off your residential electricity bill if you meet income guidelines and enroll in the program. Applications are subject to random income verification. For income requirements and to enroll, call SCE at (800) 447-6620.

LEVEL PAY PLAN (LPP) - Helps you budget your bill through equal monthly payments based on the prior 12 months of electricity usage. Your monthly LPP payment may be adjusted based on your current usage. To enroll call SCE at (800) 434-2365. Please have your account number handy.

If you have questions regarding your payment arrangement, please contact us at (800) 950-2356. We appreciate this opportunity to serve you.

Sincerely,

H.L.RENZ
Customer Service Representative



A Sempra Energy utility

UNITED WAY GAS ASSISTANCE FUND (GAF) APPLICATION FOR ASSISTANCE 2011



ACCOUNT # 1212020-mg

CUSTOMER'S NAME ON BILL _____

SERVICE ADDRESS ON BILL _____

CITY _____ **ZIP** _____ **DAYTIME PHONE NO** _____

NAME OF APPLICANT (IF DIFFERENT) _____ **RELATIONSHIP** _____

REASON CUSTOMER IS NOT APPLYING IN PERSON: _____

CUSTOMER IS A SENIOR (62 OR OLDER) ☐ **DISABLED PERSON IN HOUSEHOLD** ☐

DATE: _____

CARE RATE YES ☐ NO ☐

SERVICE OFF? YES ☐ NO ☐

APT/SPACE # _____

OTHER MEMBERS IN THE HOUSEHOLD WITH INCOME

NAME

SOURCE OF INCOME OR EMPLOYER

GROSS MONTHLY INCOME

NAME	SOURCE OF INCOME OR EMPLOYER	GROSS MONTHLY INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total number of persons in the household _____ Total Household Gross Monthly Income \$ _____

Print Name _____

Signature of GAF Applicant _____

California Alternate Rate for Energy (CARE) Information:

The Gas Company has a CARE program that provides a 20% discount on a qualified customer's utility bill at their primary residence. By signing this application, you may be able to receive the discount. Please see the back of this form for eligibility requirements.

BY SIGNING BELOW, I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform The Gas Company if I no longer qualify to receive the discount. I know that if I receive any discount without qualifying for it, I may be required to return the discount that I received.

Customer of Record's Signature _____

\$ _____
TOTAL SCG BILL\$ _____
AMOUNT AUTHORIZED FOR PAYMENT\$ _____
BALANCE OWED BY CUSTOMER

AGENCY SITE (OOL)

AUTHORIZED AGENT SIGNATURE